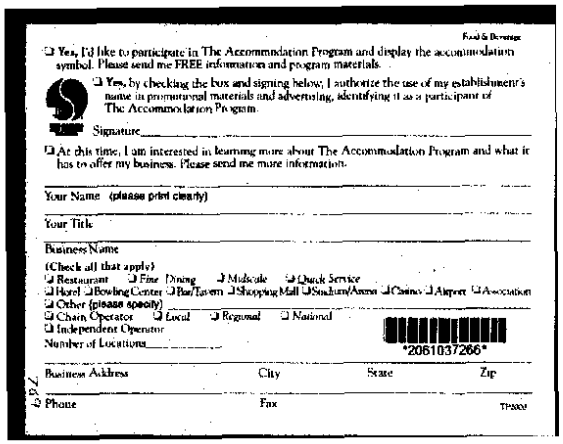
Source: https://www.industrydocuments.ucsf.edu/docs/jqgp0003



Food & Beverage

☐ **Yes,** I'd like to participate in The Accommodation Program and display the accommodation symbol. Please send me **FREE** information and program materials.

☐ **Yes,** by checking the box and signing below, I authorize the use of my establishment's name in promotional materials and advertising, identifying it as a participant of The Accommodation Program.

Signature_____

☐ At this time, I am interested in learning more about The Accommodation Program and what it has to offer my business. Please send me more information.

Your Name **(please print clearly)**

Your Title

Business Name

(Check all that apply)

☐ Restaurant ☐ *Fine Dining* ☐ Midscale ☐ *Quick Service*

☐ Hotel ☐ Bowling Center ☐ Bar/Tavern ☐ Shopping Mall ☐ Stadium/Arena ☐ Casino ☐ Airport ☐ Association

☐ Other **(please specify)**

☐ Chain Operator ☐ *Local* ☐ *Regional* ☐ *National*

☐ Independent Operator

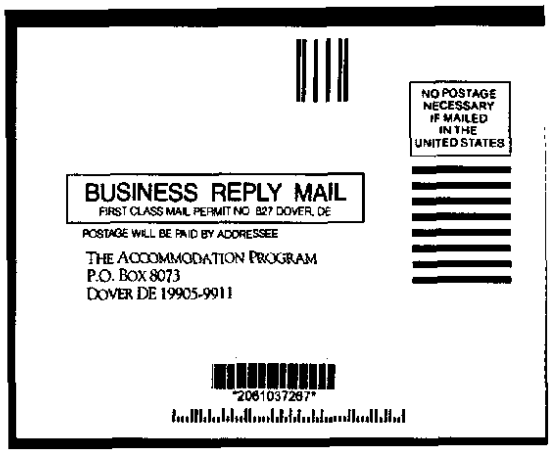
Number of Locations_____

2061037266

Business Address City State Zip

Phone Fax

2061037266



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